

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045908

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11282

STATE FILE NUMBER

VS 300
Rev. 4/591
20356

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

City of St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis

Length of stay in 1b
5 DAYSc. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR
INSTITUTION

Firmin Desloge Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE

Mo.

b. COUNTY

Dunklin

c. CITY
OR
TOWN

Malden

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

503 S. Beckwith

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Mary

C.

Potter

4. DATE
OF
DEATH

Month

Day

Year

11

12

63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-19-72

9. AGE (last birthday)

91

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

DUNKLIN COUNTY MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Elijah LENTZ

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

Albert W. POTTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO NONE

16. SOCIAL SECURITY NO.

Herman C. Potter 3611 a N. 25th Street

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Interbacterial septicemia right hip

DUE TO (b)

Chronic Endocarditis

DUE TO (c)

Subacute Endocarditis

INTERVAL BETWEEN
ONSET AND DEATH

8 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

904.0 - 21

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall

20c. TIME OF
INJURY
Hour
a.m.
p.m.

11 3 63

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., In or about home,
farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Malden

COUNTY

Mo.

STATE

21. I attended the deceased from 11-7-63 to 11-12-63 and last saw her alive on 11-12-63
Death occurred at 11:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Shepard Mercer M.D.

22b. ADDRESS

Firmin Desloge Hospital

22c. DATE SIGNED

11-13-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Nov 15, 1963

23c. NAME OF CEMETERY OR CREMATORY

Park Cemetery

23d. LOCATION (City, town, or county)

Malden, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Shepard Funeral Home Natural Bridge Rd

25. DATE RECD. BY LOCAL REG.

NOV 14 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signer

Licensed Embalmer No. 4779

P. O. Address Berkley, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

10. If this body is not embalmed, fact should be so stated above.